

The past week and a half has a variety of new developments!!!! These may be items of interest as you consider the issues on these topics related to your organization and its unique requirements.

As always: Please be sure to note that in some cases the information presented may be the opinion of the original author. We need to be sure to view it in the context of our own organizations and environment. You may need additional information, support, legal opinions and/or decision documentation when interpreting the rules.

My thanks to all the folks who have shared information for this e-news.
Have a great day!!!
Ken

Interesting items below:

- [hipaalive] PRIVACY - WEDi Comments to PM-NPRM
WEDi/SNIP testing white paper
- [hipaalive] PRIVACY- HIPAA Gap Assessment Tools
- [hipaalive] TCS:where do I start
- [hipaalive] Security officer job description
- Compliance Calendar
- HIPAAALERT-lite -- April 30, 2002
- HIPAA Implementation Newsletter Issue #33, May 3, 2002

***** [hipaalive] PRIVACY - WEDi Comments to PM-NPRM

*** HIPAAlive! From Phoenix Health Systems/HIPAAAdvisory.com ***
The WEDi Board's comments and recommendations to HHS regarding the Privacy
Modifications NPRM can be found at
http://www.wedi.org/public/articles/Letter_of_Comment_on_Privacy.PDF

Best regards,
Tom Hanks
Director Client Services
Health Care Practice
PricewaterhouseCoopers LLP

***** WEDi/SNIP testing white paper

*** HIPAAlive! From Phoenix Health Systems/HIPAAAdvisory.com ***
WEDi/SNIP has a testing white paper for transactions that you can obtain from its web site at www.WEDi.org/snip - There is a lot of information on the SNIP site that may be helpful.

Also, I co-authored a couple of papers regarding HIPAA Myths and explanations of transaction testing that include information specific to provider compliance with transactions.

If you would like a copy, please send me an email directly - ***NOT TO HIPAAlive*** - with "Request HIPAA Myths" in the subject line and I can have the information emailed to you.

I hope this helps,

Best regards,

Tom Hanks
Director Client Services
Health Care Practice
PricewaterhouseCoopers LLP

***** [hipaalive] PRIVACY- HIPAA Gap Assessment Tools

*** HIPAAlive! From Phoenix Health Systems/HIPAAAdvisory.com ***
These two links may be of help to you. As our group works with small practices, we have found the Wedi-Snip Small Practice white paper quite helpful.

<http://snip.wedi.org/public/articles/index.cfm?Cat=17>

The California Health Care Foundation also has a Toolkit on their website.
Hope this helps

<http://www.chcf.org/topics/index.cfm?topic=CL106>

Diane Bradley
Cooley Dickinson PHO

*** HIPAAlive! From Phoenix Health Systems/HIPAAAdvisory.com ***
this is one that i have found to be particularly thorough
in terms of thinking of all the topics to cover....

<http://www.mh.state.oh.us/hipaa/2001-files/org-overview.pdf>

Rosa Battista
HealthDrive Corporation

***** [hipaalive] RE: TCS:where do I start

*** HIPAAlive! From Phoenix Health Systems/HIPAAAdvisory.com ***
One of the HIPAA Myths is that software vendors or clearinghouses can make providers HIPAA compliant.

FYI - with the 837I alone there are about 68 permutations of claim submission types that can trigger the use (or not) of over 750 situational data elements - most of which would need to be accommodate in the business process. And then there is the testing process...

Best regards,

Tom Hanks
Director Client Services
Health Care Practice
PricewaterhouseCoopers LLP

***** [hipaalive] Security officer job description

*** HIPAAlive! From Phoenix Health Systems/HIPAAAdvisory.com ***

A quick Google search turned up a couple:

http://www.brown.edu/Research/Unix_Admin/cuisp/latestPCD.html

<http://www.aaciweb.com/DownloadFiles/CSIOJobDesc.pdf>

<http://www.hipaadvisory.com/action/security/SecurityMgr.htm>

[http://www.nchica.org/HIPAA/HIPAAjobs.html#Security%20Job%20Description%](http://www.nchica.org/HIPAA/HIPAAjobs.html#Security%20Job%20Description%20)

Will Duckworth
duckworth@rdacorp.com
Ph: (301) 571 4200 x277

***** Compliance Calendar

*** HIPAAlive! From Phoenix Health Systems/HIPAAAdvisory.com ***

The Modifications were submitted to OMB on 3/20/2002. Estimated publication

date is spring 2002.

The Compliance Calendar on HIPAAAdvisory has this information:

<http://www.hipaadvisory.com/regs/compliancecal.htm>

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Kim Diamandidis
Webmaster
Phoenix Health Systems

***** H I P A A L E R T - lite -- April 30, 2002

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H I P A A L E R T - lite -- April 30, 2002

>>From Phoenix Health Systems--HIPAA Knowledge--HIPAA Solutions<<
>> Healthcare IT Consulting & Outsourcing <<

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IT'S HERE! The brand new GUIDE TO MEDICAL PRIVACY AND HIPAA -- a comprehensive, 500-page reference on HIPAA how-to's across every compliance phase, including user-friendly analysis and advice by legal and consulting experts, plus sample forms, checklists, workplans and more -- even regular monthly updates and additions for a year!

Learn more: <http://www.hipaadvisory.com/wares/hipaabook.htm?t>

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H I P A A n e w s

**** Major Hospitals Say Privacy Proposal will Reduce Philanthropic Support ****

Three members of the Association for Healthcare Philanthropy -- New York's Mount Sinai Hospital, Tennessee's Baptist Health System Foundation, and the California Pacific Medical Center Foundation -- have written letters saying a Bush Administration/HHS proposal to change the HIPAA patient Privacy Rule will significantly reduce the flow of philanthropic support in America. The Bush/HHS proposal would deny access to critically-needed demographic information, forcing a generic, rather than targeted approach to fund-raising efforts and campaigns.

Read more: <http://www.hipaadvisory.com/news/index.htm#0425ahp>

**** CHCF Survey Finds Industry Progress Towards Compliance Varies ****

A survey released this month by the California HealthCare Foundation (CHCF) shows that most health care organizations in California have developed plans for meeting the April 2003 compliance deadline. However, implementation progress varies across hospitals, health plans, physician groups, and other types of health care organizations. CHCF presented the results of the survey before the Senate Health, Education, Labor, and Pensions Committee, which Senator Kennedy chairs, on April 16.

Read more: <http://www.hipaadvisory.com/news/index.htm#0425chcf>

**** New HIMSS Survey: HIPAA Security is Top Priority ****

The top priority for healthcare IT vendors, suppliers, and consultants over the next two years is implementing security upgrades on IT systems in provider organizations to meet HIPAA requirements (56% currently; 59% over the next two years). Respondents to the 13th Annual HIMSS Leadership Survey reported that integration of multiple-vendor IT systems in provider organizations was the second most important current IT priority (52%), followed by the implementation of technology to reduce medical errors and promote patient safety (46%).

Read more: <http://www.hipaadvisory.com/news/index.htm#0424himss>

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Special two-part Security AudioConference Series...

**** Preparing for the Unthinkable:
Contingency Planning and Disaster Recovery Under HIPAA ****

Join us for this two-part audio conference series and discover a practical, cost-effective disaster & contingency planning framework for the health care organization. Session II delves further into specific examples and special interest issues.

* Session I: THIS THURSDAY, May 2nd, 2:00 - 3:00 PM EDT

* Session II: Wednesday, May 22nd, 2:00 - 3:00 PM EDT

SIGN UP TODAY! <http://www.hipaadvisory.com/ezcart/index.cfm?t>

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H I P A A l a t e s t

NEW IN HIPAAAction:

> Privacy: Clamping Down

<http://www.hipaadvisory.com/action/privacy/index.htm#040102hl>

> Security: Opening Records to Patients

<http://www.hipaadvisory.com/action/security/index.htm#040102hl>

NEW IN HIPAAtech:

> Wireless Technology:

<http://www.hipaadvisory.com/tech/wireless.htm>

USSS Electronic Crimes Task Force

<http://www.hipaadvisory.com/tech/index.htm#uss>

NEW IN HIPAAzine:

A Bad Year for Privacy

<http://www.hipaadvisory.com/news/HIPAAzine.htm#042202wired>

Not Just Sci-Fi: Uncrackable Encryption

<http://www.hipaadvisory.com/news/HIPAAzine.htm#041702zd>

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HIPAAAlert-lite is our weekly version of HIPAAAlert, Phoenix Health Systems' acclaimed monthly email newsletter.

***** Our Other HIPAA resources *****

HIPAAAdvisory web site: <http://www.hipaadvisory.com>

HIPAAlive Discussion List: <http://www.hipaadvisory.com/live/>

HIPAAlive-Premium: <http://www.hipaadvisory.com/live/prem.htm?t>

HIPAAlive Doc Site:

<http://www.hipaadvisory.com/MembersOnlySignup/index.cfm?t>

HIPAAnotes Weekly Byte of HIPAA: <http://www.hipaadvisory.com/notes/>

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***** HIPAA Implementation Newsletter Issue #33, May 3, 2002 *****

>>> "Hal Amens" <hal@lpf.com> 05/05/02 10:40PM >>>

___Privacy: Sanctions___

The privacy regulations require that: "A covered entity must have and apply appropriate sanctions against members of its workforce who fail to comply with the privacy policies and procedures of the covered entity or the requirements of this subpart... a covered entity must document the sanctions that are applied, if any."

In our experience, it is almost impossible to apply criteria for conduct that "fails to comply with ... policies and procedures" or to establish sanctions that are equitable across multiple policies after the policies have been developed. Said another way, it is much easier to build in criteria for failure to comply with a policy and appropriate sanctions than to add them on after they have been written.

An early step in the development of privacy policies and procedures should be to develop a "sanctions strategy." To start:

- * Identify all employee and management groups who may be affected by the policies - start with the assumption that everyone is included, including business associates, and then document your reasons for excluding any group that you chose to exclude.
- * Identify the processes required to implement sanctions in addition to notice and training, especially for employees and managers covered by union contracts, agreements with professional staff or individual employment contracts.
- * Identify the impact of violations of various types or classes of privacy violations in terms of the nature of the information that may be revealed as a result of a violation, the nature and size of the audience to whom it may be revealed, the number of patients whose information may be revealed, the potential impact that release of the information may have on those patients, etc.
- * Identify sets of sanctions that can be applied for a first, subsequent and final time (termination) that an employee violates a policy or procedure or a number of related procedures.
- * Set aside any sanctions that your organization is not willing to, or for some reason may not be able to implement.
- * Develop training and other activities that will reduce the number of violations of the policies and procedures and additional programs that will minimize repeat violations. It should be clear to all of your employees that the purpose of sanctions is not to impose penalties. Sanctions should be seen as just one part of an extensive program to provide a high level of

protection for the privacy of patient information.

- * Establish policies and procedures for the application and reporting of sanctions.

+See: § 164.530 Administrative requirements (e)(1) and (2)

___Privacy: NPRM vs. Final Rule___

A comparison of the proposed changes in the final privacy rule under the Health Insurance Portability and Accountability Act of 1996 as published in a Notice of Proposed Rule Making in Vol. 67, No. 59, of the Federal Register on March 27, 2002 vs. the final privacy rule as amended by compliance date changes published in Vol. 66, No. 38, Federal Register on February 26, 2001 has been prepared by Alan S. Goldberg. 144 pages in PDF format.

+Available at

<http://www.ehcca.com/presentations/HIPAAAudio1/goldberg.pdf>

___Security: Weaknesses That are Known___

The vast majority of successful attacks on computer systems exploit security weaknesses which are well known and for which patches exist, according to Gartner.

"The five top vulnerabilities to cyberattacks include:

- * Lack of risk management integration.
- * Security not integrated into projects.
- * Poor governance and culture.
- * Weak security of suppliers and partners.
- * No benchmarking on spending and value of security projects.

"To counter these vulnerabilities, users should take steps including:

- * Increase the enterprise's overall security posture.
- * Develop an internal response plan and aggressively monitor Internet activity on all systems, especially firewall and intrusion detection logs.
- * Evaluate established security plans in light of recent events, and update as needed.
- * Form a cyberincident response team or contract with an external provider to evaluate systems.

"Through the year 2005, 90% of cyberattacks will continue to exploit known security flaws for which a patch is available or a preventive measure is known, Gartner said. During that time, 20% of enterprises will experience a serious Internet security incident - defined as one which is more than a virus attack. Of companies suffering incidents, the cleanup costs of the incident will exceed the prevention costs by 50%."

+ More at:

<http://www.nwfusion.com/news/2002/0502gartnersec.html>

___Status: California Privacy Implementation Survey___

A study conducted in December and just released by the California Health Care Foundation provides status information about implementation of the privacy rule that may assist you in evaluating your progress:

Hospitals | Physician Groups | Payors

96% | 65% | 77% have developed a strategic plan

75% | 53% | 69% have conducted a gap analysis

67% | 35% | 48% have developed readiness initiatives

04% | 12% | 08% have completed readiness initiatives

+ More at:

<http://www.chcf.org/documents/ihealth/HIPAAImplementationSurveyExecSummary.pdf>

____Transactions: Filing for Extension____

If you comply with the regulations as of October 22, 2002, you will have to use three versions of the code sets. If you file for the extension you should be able to use just two. In either case you start with the code set you are using. If you are compliant in 2000, you have to transition to the 2000 Standard which is the X12N 4010 Implementation Guides that are referred

to in the August 2000 HIPAA Transactions Regulation. They include the use of

NDC codes instead of J Codes. You will then have to transition to the 2002 Standard that refers to the December 2001 X12N 4010 Implementation Guides

including the "Addenda" and deletion of the NDC codes. These are expected to

be published in 2002 as final regulations. By filing for the extension you will probably be able skip the 2000 standard and go direct to the 2002 standard. This is presented graphically at slide 10 in the material referenced below.

When you change code sets for the exchange of information, you will probably

need to modify the interface to your billing systems to extract the correct fields. Allow for that in your planning and budgeting when you file for an extension.

+ More at: <http://www.hipaasummit.com/HIPAAAudio/facmaterials.html> click Steven Lazarus, Ph.D. Materials

____Transaction & Privacy Planning Details____

Some transaction fields are required only if required by a payer for adjudication. Different payers will require different fields. You need to plan and test these differences.

"Marketing is something that someone else is doing that you don't like." In the area of privacy, the perception of privacy may be as important as the definition. The perceptions about the way you use data - for marketing? -- may be critical to good public relations.

Alan Goldberg, the moderator for the HIPAA Summit Audio Conference, noted that a covered entity that started business on October 15, 2002 could file for an extension. One that started business on October 17 would have to be compliant before they could transmit transactions. This could be a critical planning date for reorganizations or new ventures.

+ More at: <http://www.hipaasummit.com/HIPAAAudio/facmaterials.html> click on Materials

____HIPAA Compliance Tools Donated to Safety Net Providers____

"Online service provider HIPAAdocs will donate HIPAA compliance tools and software to more than 3,000 community health centers (CHCs) and clinics that cater to the uninsured, the company announced Tuesday. Columbia, Md.-based

HIPAAdocs is offering its products at no cost to all institutions designated as CHCs, CHC Clinics and Federally Qualified Health Center Look-Alikes. Company leaders estimate the potential value of donated software and services at \$3 million."

We wanted to recognize a "good deed."

+ More at: <http://www.hipaadocs.com/news/20020424.jsp>

____HIPAA Conferences____

HIPAA EDI Transactions And Code Set Testing And Certification - A National Audioconference Sponsored by the HIPAA Summit - Thursday, May 9, 2002; 10:00

am-11:30 am PDT

<http://www.hipaaaudioconferences.com/hipaaaudio20020509/>

Emerging Technologies and Healthcare Innovations Congress - ETHIC 2002 June

19-21, 2002 Washington D.C. Includes a HIPAA Compliance track

<http://www.ethic2002.com/events/show.asp?showid=70&mn=1.1>

HIPAA Colloquium at Harvard University, August 10 - 23, 2002, in Cambridge,

MA Information about last years Colloquium <http://www.ehc-info.com/>

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are no further warranties about accuracy or applicability. It contains neither legal nor financial advice. For that, consult appropriate professionals.

Lyon, Popanz & Forester <http://lpf.com> is a management consulting firm that designs and manages projects that solve management problems. Planning, and project management for HIPAA are areas of special interest.